



VACCINE WASTAGE RETURN FORM

PLEASE CALL THE SOUTH CAROLINA IMMUNIZATION DIVISION
AT 1-800-27-SHOTS OR 803-898-1191 BEFORE COMPLETING THIS FORM

Date: _____

PIN Number: _____

Provider Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

| Return Code* | NDC | Vaccine | Doses | Mfg | Lot # | Expiration Date |
|--------------|-----|---------|-------|-----|-------|-----------------|
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***RETURN REASON CODES:**

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|---------------------------------------|--------------------------------------------|
| 1 - Expired | 5 - Failure to store properly upon receipt |
| 2 - Natural Disaster/power outage | 6 - Vaccine spoiled in transit |
| 3 - Refrigerator temperature too warm | 7 - Mechanical Failure |
| 4 - Refrigerator temperature too cold | 8 - Spoiled |
| | 9 - Other |

EXPLANATION FOR WASTAGE:

Before wasting and returning any VAFAC vaccine, call the DHEC Immunization Division at 803-898-1191 or 1-800-27-SHOTS for instructions. Return only VAFAC vaccines. (You must dispose of your private stock.) Fax a copy of this form to the DHEC Immunization Division at 803-898-0318, keep a copy for your files, and send one with the returned vaccine. All McKesson shipping boxes come with a return label so they can be returned to McKesson. You may put your returns in those boxes and send them directly to McKesson.

**Instructions for Completing DHEC #1209
"Vaccine Wastage Return Form"**

Purpose: To record the vaccine wastage returns by DHEC and non-DHEC VAFAC Providers.

Form is Completed By: DHEC and non-DHEC staff who maintain a VAFAC vaccine inventory.

Date: Enter date the form is completed and signed by VAFAC provider's representative.

PIN Number: Enter the PIN number of the VAFAC provider.

Provider Name: Enter the name of the VAFAC provider.

Address and City/State/Zip: Enter the address of the VAFAC provider.

Phone: Enter the telephone number of the VAFAC provider.

Fax: Enter the fax number of the VAFAC provider.

Contact Person: Enter the name of the contact person for the VAFAC provider.

Return Code: Enter the appropriate return code for the vaccine.

NDC: Enter the NDC for the vaccine.

Vaccine: Enter the vaccine name.

Doses: Enter the number of doses.

Mfg: Enter the vaccine manufacturer.

Lot #: Enter the vaccine lot number.

Expiration Date: Enter the expiration date of the vaccine.

Explanation for Wastage: Enter a short description explaining the reason for the wastage.

Office Mechanics and Filing: The provider will fax the form to the DHEC Immunization Division and maintain the original in provider's files.